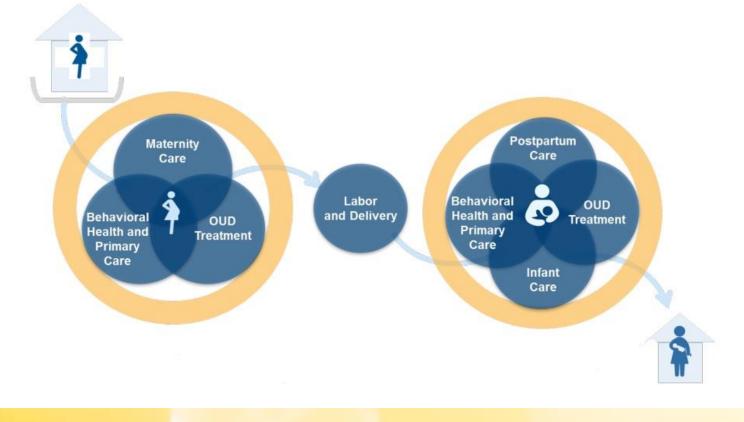


Indiana Pregnancy Promise Program

Promoting Recovery from Opioid use: Maternal Infant Support and Engagement

A part of the U.S. Centers for Medicare & Medicaid Services Maternal Opioid Misuse grant

U.S. Centers for Medicare & Medicaid Services Maternal Opioid Misuse grant





This presentation is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$5,211,309 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government

Pregnancy Promise Program Project Team

- Elizabeth Wahl- Program Director
- Carey Michels- Project Specialist
- Dr. Maria Finnell- Chief Medical Officer
- Janice Childress- Data Coordinator
- Isaac Alumbaugh- Data Scientist
- Paul Beatty-Systems Analyst
- Andrea Vermeulen- Federal Grants Coordinator
- Dr. Daniel Rusyniak- FSSA Secretary- Grant Applicant

Figure 25: Did substance use disorder contribute to the death? MMRIA Decisions Form (n=63)

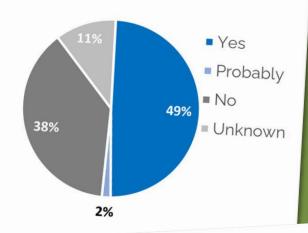
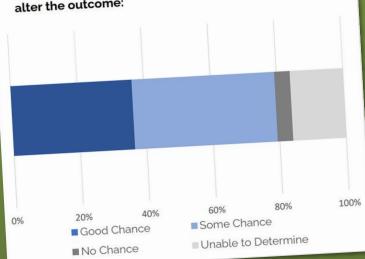


Figure 28: Chance to alter outcomes
Almost 80% of all pregnancy-associated deaths
reviewed had either a Good Chance or Some Chance to
alter the outcome:



Why is the IN Pregnancy Promise Program Important? MMRC December 2020-2022:

- OUD is increasing in Indiana and nationwide, especially among women, CDC.
- Substance use disorder was the most common contributing factor to maternal deaths, and likely contributing to over half of all pregnancyassociated deaths 2018-2020.
- The Maternal Mortality Review Committee deemed 87% of reviewed pregnancy-associated deaths were preventable.
- MOUD is recommended during pregnancy & has a high rate of success – ACOG, 2017.

What is the Indiana Pregnancy Promise Program?

The Indiana Pregnancy Promise Program is a free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past.

The goals of the Pregnancy Promise Program are for participants to:

- Enter prenatal care
- Access opioid treatment needed to achieve sustained recovery
- Receive ongoing support and follow-up care for the mother and infant during and after pregnancy
- Provide hope and set a strong foundation for the future

Who can participate?

The Pregnancy Promise Program is available to pregnant individuals in the state of Indiana. To be eligible, participants must meet the following criteria:

- Pregnant or within 90 days of the end of pregnancy
- Identify as having current or previous opioid use
- Be eligible for or receive Medicaid health coverage

Program Experience

- Identify pregnant member with OUD
- Referral ("No Wrong Door" approach)
- Consent from potential enrollee
- Indiana Pregnancy Promise Program enrollment
- Initial assessments and screenings
- Care plan development
- Frequent engagement prenatal and postpartum
- Periodic review, reassessment and referrals
- Care coordination through 12 months for mother/infant
- Transition/program exit



CMS MOM Model (IN Pregnancy Promise Program) Beneficiary Journey Map



Identify (no wrong door)

Enroll

Engage

Retain

Transition

PREGNANT AND OUD

Two primary ways to identify:
1.) Medicaid claims data- mining
performed by MCEs 2.) FSSA public
facing website online referral
platform.

CONSENT

Once Crystal has Medicaid coverage in the pregnancy aid category, the Pregnancy Promise Program case manager reaches out to offer MOM Model enrollment & complete consent form.

3

MODEL SCREENINGS

Crystal completes CMS MOM Model screenings with Pregnancy Promise Program case manager – over phone or in person.

COMMUNITY REFERRALS

Pregnancy Promise Program case manager makes referrals to community resources, reassesses needs periodically. MCEs utilize findhelp.org referral platform.

ONGOING CONTACT & ENGAGEMENT

Pregnancy Promise Program case manager outreaches regularly in prenatal and postpartum period. Case Manager provides education on various topics such as tobacco cessation, infant safe sleep, pain management for labor and delivery.

POSTPARTUM FOLLOW-UP CARE & SUPPORT

The Pregnancy Promise Program case manager works with Crystal to ensure they attend postpartum visit, discusses and receives family planning services from provider, arranges well-child visits for the infant.



ELIGIBILITY DETERMINATION

2

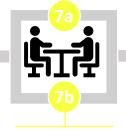
If identified through website referral, does Crystal already have Medicaid, or does Crystal need Medicaid coverage? If Crystal has Medicaid, sent to MCE. If Crystal needs coverage, FSSA Project Specialist begins outreach.

INTAKE & ASSESSMENT

Crystal completes intake and initial assessments with MCE Pregnancy Promise Program case manager.

DEVELOPMENT OF CARE PLAN

Crystal co-develops treatment plan with Pregnancy Promise Program case manager to address prenatal and postpartum care, substance use treatment, health-related social needs and elements needed for Infant Plan of Safe Care.



OUD TREATMENT and Behavioral Health

Crystal is linked to OUD treatment and recovery services.
Crystal is also provided information/ referrals to behavioral health, housing, transportation services, nutrition services, etc. The Pregnancy Promise Program case manager works with Crystal to ensure all health-related social needs are being met.

ENROLLEEGIVES BIRTH



Crystal takes a copy of the Pregnancy Promise Program care plan to the hospital. Once Crystal delivers, the Pregnancy Promise Program case manager makes contact within 1-3 days. Pregnancy Promise Program case manager continues care coordination & support for both parent and infant through 12 months postpartum.

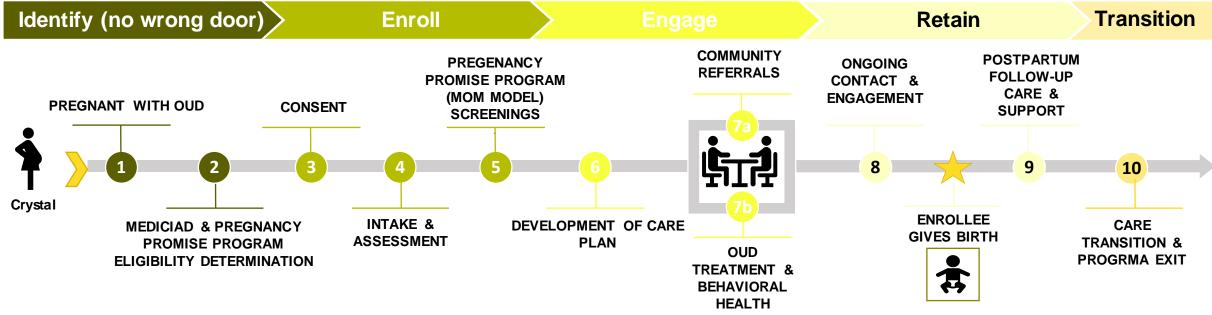
CARE TRANSITION & PROGRAM EXIT

10

As Crystal reaches 12 months postpartum, Crystal works with the Pregnancy Promise Program case manager plan for next steps. Check for continued Medicaid coverage, referrals to other case management programs, ongoing treatment/ recovery planning, employment needs, Pregnancy Promise Program case manager offers warm-hand off to other services before program exit.

CMS MOM Model (IN Pregnancy Promise Program) Beneficiary Journey Map







Key Considerations & Risks

- Crystal qualifies for Package E Medicaid –
 Emergency Service Only, cannot enroll in the
 Pregnancy Promise Program. Referred to IN 211
 and/or DMHA for linkage to services.
- Crystal does not have OUD but looking for help with pregnancy Medicaid coverage.
- MCEs must attempt contact with potential enrollee within 2 business days of receiving referral.

- Pregnancy Promise Program case manager makes weekly attempts to reach Crystal, but attempts are unsuccessful.
- MCE engages a community health worker (CHW) to contact Crystal at home. If Crystal is experiencing homelessness or a period of incarceration there are additional complexities. Crystal may enroll into the pregnancy Promise Program case manager up to 90 days postpartum.



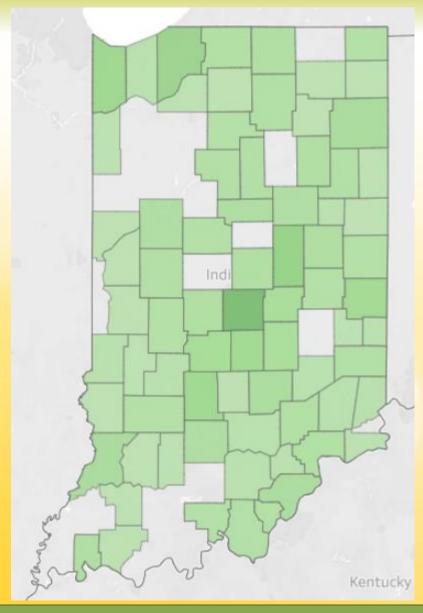
- Pregnancy Promise Program case manager asks for Crystal's consent to share care plan to other providers such as OB, MAT prescriber, MH Clinician, DCS Family Case Manager, Nurse-Family Partnership, etc.
- Indiana is not required to report substance use during pregnancy, DCS may or may not become formally involved after infant is born.
- Crystal is unsure about entering residential treatment program but welcomes support from a Certified Peer Recovery Coach and continues with Buprenorphine prescription.
- Crystal expresses interest in Pregnancy Promise Program childcare benefit.



- Pregnancy Promise Program case manager attempts to call Crystal to hear how birth experience went and to discuss ongoing OUD treatment and recovery services, provide breastfeeding support, but Crystal's phone was lost, misplaced or stolen.
- Pregnancy Promise Program case manager continues contact attempts via home visit, email, mailing a letter to maintain communication until Crystal has a working phone again.
- Crystal has a new phone number, but lost Pregnancy Promise Program case managers phone number. Crystal reaches out to FSSA to get contact information. FSSA works with Crystal and Pregnancy Promise Program case manager to reestablish contact.



- Crystal has been checking in with Pregnancy Promise Program case manager regularly throughout postpartum period. Is doing well in recovery and infant is thriving.
- Crystal has childcare in place and part-time employment. Crystal will receive Medicaid coverage through the Healthy Indiana Plan after her pregnancy Medicaid coverage ends at 12 months postpartum



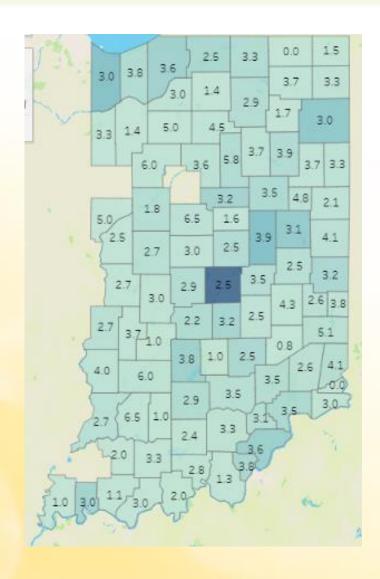
Referral and Enrollment Updates as of 4/24/2023

- 3,245 individuals outreached statewide
- 465 individuals enrolled statewide
- 967referrals received through the website
 - 787 self-referrals
 - 48 loved one referrals
 - 132 provider referrals
- 79 counties with enrollment
- 106 referrals through the website fully enrolled

Average Contact Attempts Until Member is Reached

 Member reached= the first time a member is successfully contacted.

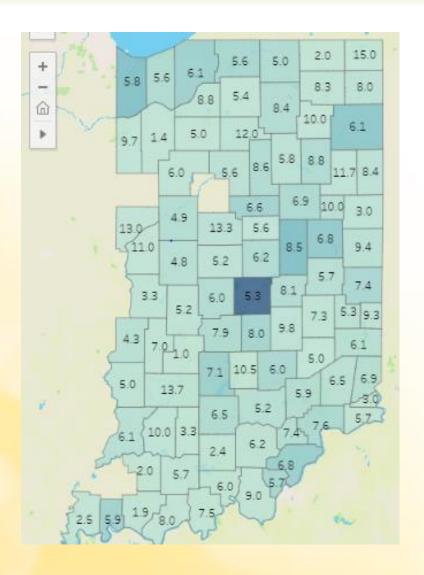




Average Number of Contact Attempts Until Care Plan Completed

 When the care plan is completed, the member is fully enrolled!







Indiana Pregnancy Promise Program
Promoting Recovery from Opioid use:
Maternal Infant Support and Engagement

2022 ANNUAL REPORT

"With the Pregnancy Promise Program,
I felt treated like a human,
I felt like SOMEONE
was listening to me."





YEAR 1: JULY 1, 2021, TO JUNE 30, 2022

Pregnancy Promise Program enrollments

Program retention rate

82% Of infants born at healthy birth weight

75% Of infants with hospital stay of five days or fewer

Of participants achieved sustained recovery during enrollment

100% Survival rate (overdose or otherwise)

>> Highest enrollment among Maternal Opioid Misuse Model states in Year 1 ((

OUTREACH AND ENROLLMENT, YEAR 1

20 Hospital and community events with My Healthy Baby initiative (IDOH, DCS, FSSA collaboration)

Of Indiana's 92 counties with enrollment

158 Community partner organizations engaged

394 Website referrals

1,776 Prospective enrollees identified and contacted

Of participants enrolled during the prenatal period

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2022 ANNUAL REPORT

ENROLLEE DEMOGRAPHICS* AGE er 25 26-30 31-35 0ver 36 16% RACE



PROVIDERS AND CASE MANAGEMENT

12 Full-time RN or LSW case managers

35:1 Enrollee to case manager ratio

Provider professionals trained through our collaboration with IU project ECHO 764 Successful case manager and enrollee contacts

98% Of enrollees screened for health-related social needs within seven days

219 Health-Related Social Needs referrals made (housing, transportation, safety, etc.)

SERVICE UTILIZATION, YEAR 1

78% Of participants received OUD treatment services

85% Of participants who enrolled during pregnancy received prenatal care

72% Received medication for opioid use disorder

24 Infants enrolled in Pregnancy Promise childcare benefit











"Being a Pregnancy Promise Program case manager

has been so fulfilling, both intellectually and emotionally.

I am making a difference in someone's life."

*A link to the full report can be found on the Pregnancy Promise Program website: www.pregnancypromise.in.gov

CMS and FSSA Program Measures

- Address health-related social needs
- Initiation and engagement of OUD treatment
- Continuity of MOUD in pregnancy, at delivery and after
- Postpartum care and healthy birth-spacing, family planning (LARC)
- Infant outcomes, birth weight, NICU stay, pharmacological treatment



